

PERSONAL FINANCIAL DISCLOSURE FORM

8070862

1. FULL NAME Anthony John Gentile	2. SPOUSE'S FULL NAME Karen Lee Gentile
3. RESIDENCE ADDRESS 2368 Cours Carson Mandeville, LA 70448	
4. SPOUSE'S OCCUPATION (if any) Cashier	
5. PRINCIPAL BUSINESS ADDRESS Lowe's 1280 N. Hwy 190 Covington, LA 70433	

6. THIS REPORT COVERS CALENDAR YEAR 2006-20077. CHECK IF AMENDED REPORT ☒

NOTE: Where amounts are required herein, indicate such amounts by use of one of the following categories:

- I - less than \$5,000;
- II - \$5,000 to \$24,999;
- III - \$25,000 to \$49,999;
- IV - \$50,000 to \$99,999;
- V - \$100,000 to \$199,999;
- VI - \$200,000 or more.

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OFFICE OF THE ATTORNEY GENERAL
STATE OF MISSISSIPPI

Use as many pages of each section of the form as are required. Machine copies of the form's pages may be used. Complete all sections (if not applicable, so indicate). Please type or print.

6. AFFIDAVIT

I do hereby certify, after having been first duly sworn, that the information contained in this personal financial disclosure form is true and correct to the best of my knowledge, information, and belief.

9-4-07


 PERSON FILING REPORT

Sworn to and subscribed before me this _____ day of _____

NOTARY PUBLIC

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C. INCOME

The name, address, type and amount of each source of income in excess of \$1,000 received by you or your spouse (either individually or collectively) during the calendar year. "Income" means any income from whatever source derived, including but not limited to the following types: compensation for services, including fees, salaries, commissions, and similar items; income derived from business; gains derived from dealings in property; interest; rents; royalties; dividends; annuities; income from life insurance and endowment contracts; pensions; income from discharge of indebtedness; distributive share of partnership income; and income from interest in an estate or trust. For income from compensation, give a very brief description of the services rendered. For income from mental health, medical health, or legal services, if the disclosure of the source of the income would reveal the identity of a patient or client, then either mental health, medical health, or legal services should be given as the source.

1. INDIVIDUAL SPOUSE OR BOTH	2. NAME AND ADDRESS OF SOURCE OF INCOME	3. TYPE	4. AMOUNT	5. DESCRIPTION OF SERVICES
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Chalmette Refining 500 W. St. Bernard Hwy Chalmette, LA 70043	Salary	VI	Petrochemical Refinery Shift Superintendent
<input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Wal-Mart 1200 N. Hwy 190 Covington, LA 70433	wage	II	Cashier
<input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Lowe's 1200 N. Hwy 190 Covington, LA 70433	wage	I	Cashier
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Tony G Landscaping (2006) 8308 Coups Caeson Monteville, LA 70448	Compensation for services	II	Landscape and irrigation
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Tony G Landscape Consultant (2007) 8308 Coups Caeson Monteville, LA 70448	Compensation for services	II	Landscape design and installation
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH				
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH				
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<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH				
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH				

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F. LIABILITIES

The name, address, and amount of each liability in excess of \$10,000 owed to any creditor by you or your spouse (either individually or collectively) during the calendar year. (NOTE: Exclude any loan secured by a personal motor vehicle, household furniture, or appliances if such loan does not exceed the purchase price of the item that secures it.)

1. INDIVIDUAL SPOUSE OR BOTH	2. FULL NAME AND ADDRESS OF CREDITOR	3. AMOUNT
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	Countrywide 5401 N. Beach St Fort Worth, TX 76137	30 VI
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	Countrywide 5401 N. Beach St Fort Worth, TX 76137	VI
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A. POSITIONS

The name, address of, position in, and amount of interest in each business in which you or your spouse (either individually or collectively) were a director, officer, partner, member, or trustee during the calendar year. (NOTE: For purposes of this section "business" is defined as any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.)

1. INDIVIDUAL, SPOUSE OR BOTH	2. FULL NAME AND ADDRESS OF BUSINESS	3. POSITION	4. AMOUNT
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Tony G Landscaping (2006) 2368 Louis Carson Monterville, LA 70448	owner	100%
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Tony G Landscaping Consultant (2007) 2368 Louis Carson Monterville, LA 70448	owner	100%
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B. BUSINESS INTERESTS

The name, address and amount of interest in each business with which your sole relationship during the calendar year was as an owner of an interest in excess of 10% held by you or your spouse (either individually or collectively). (NOTE: For purposes of this section "business" is defined as any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.)

1. INDIVIDUAL, SPOUSE OR BOTH	2. FULL NAME AND ADDRESS OF BUSINESS	3. AMOUNT
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Tony G Landscaping (2006) 2368 Coues Canyon Mandeville, LA 70448	100%
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Tony G Landscape Consultant 2368 Coues Canyon Mandeville, LA 70448	100%
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